

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588,956

FILING DATE

8-10-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7	1					
8		1				
9		①				
10		1				
11		1				
12		1				
13		1				
14	1					
15	1					
16		2-				
17		2-				
18		2-				
19		2-				
20		2-				
21		2-				
22		2-				
23	1					
24	1					
25		①				
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49						
50						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	26	←		←		←
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						